



Atty Dkt No. 0800-0024
PATENT

\$1635
Bfw

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on:

7/19/04
Date

Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

KATHERINE A. HIGH

Confirmation No.: 5537

Serial No.: 09/880,702

Group Art Unit: 1635

Filing Date: June 13, 2001

Examiner: B. Whiteman

Title: METHODS FOR ADMINISTERING RECOMBINANT ADENO-
ASSOCIATED VIRUS VIRIONS TO HUMANS PREVIOUSLY
EXPOSED TO ADENO-ASSOCIATED VIRUS

AMENDMENT UNDER 37 CFR §1.111

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is in response to the Office Action mailed January 22, 2004, with a shortened statutory period of three months for response. Accordingly, a request to extend time for three months is attached. Reconsideration of the application in view of the following amendments and remarks is respectfully requested.

A listing of claims begins at page 2 of this paper.

Remarks begin at page 5 of this paper.

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475.00 DP



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AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an amendment in the above patent application in response to the Office Action of January 22, 2004.

X Applicants request an extension of time for three months from April 22, 2004 to July 22, 2004. Enclosed is a check to cover the \$475 fee.

X Also enclosed: Return Postcard.

No. of Claims After Amendment	Most Claims Previously Paid			Extra Claims			Additional Fee		
A. Total Claims	13	-	26	=	0	x	\$18	=	\$0
B. Ind. Claims	3	-	3	=	0	x	\$86	=	\$0
C. If amended to contain multiple dependent claims, add 280							\$290	=	\$0
D. Total Amendment Fee (Total of A, B & C)								=	\$0
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	\$0
F. Total Amendment Fee (D minus E)								=	\$0

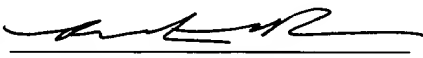
___ A check for \$ to cover the extra claims fee is attached.

___ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 7/19/04

By: 
 Roberta L. Robins
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 Attorney for Applicants

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